**CONFIRMATION OF STANDING FORM**

This form must be completed by all jurisdictions in which you are registered as a Psychologist.

Please provide a copy to each applicable jurisdiction with instructions for the completed form to be sent directly to NSBEP.It is your responsibility to provide this form to all applicable jurisdictions and pay any associated fees.

In order to facilitate the transfer of

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

to the Nova Scotia Board of Examiners in Psychology –NSBEP would you please provide the following information:

Registration/Certificate #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date issued:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registration/Certification Status:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Expiration Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved areas of psychological practice: (e.g. Clinical, School, etc.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved service populations: (e.g. Children, Adults, etc.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Highest degree in psychology on which the Registrant’s registration in your jurisdiction is based (M.A,
Ph.D.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Can you confirm that the Registrant has a doctorate from an APA or CPA accredited program?
YES\_\_\_\_ NO\_\_\_\_ Unable to Answer \_\_\_\_\_\_\_\_

Are there any conditions or restrictions on the Registrant? YES\_\_\_\_ NO\_\_\_\_

If yes please explain:

Are there any past or outstanding complaints? YES\_\_\_\_\_ NO \_\_\_\_\_\_

If yes please explain:

Has the Registrants registration/certification ever been revoked or suspended? YES\_\_\_\_\_ NO\_\_\_\_\_\_

If yes please explain.

Did the Registrant complete a Criminal Records Check and Child Abuse Register Check?

YES\_\_\_\_\_ NO\_\_\_\_\_

Are original transcripts on file? YES\_\_\_\_\_\_ NO\_\_\_\_\_\_

Has the Registrant passed the EPPP? YES\_\_\_\_\_\_ NO\_\_\_\_\_\_ Mark if available\_\_\_\_\_\_\_\_\_\_

Was the Registrant assessed on:

a. The Core Competencies? YES\_\_\_\_\_\_ NO\_\_\_\_\_

b. On Foundational Knowledge? YES\_\_\_\_\_\_NO\_\_\_\_\_

Verified by:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Board / Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for completing this form. To expedite the transfer process it may be faxed to NSBEP at:

1-902-423-0058

Please forward the original document to:

The Nova Scotia Board of Examiners in Psychology

Suite 455, 5991 Spring Garden Road

Halifax, Nova Scotia B3H 1Y6